

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	✓						
2		1					
3		2					
4		①					
5		①					
6		①					
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TOTAL IND.			2				
TOTAL DEP.			8				
TOTAL CLAIMS			10				